

# Financial Statement for Third Party Administrators (TPAs)

All TPAs file a financial statement at the time of their initial request for Certificate of Authority in Michigan, and annually thereafter with a \$25 statement filing fee. Use financial data for the TPA, not the TPA's parent company.

You may submit a completed independent audit in lieu of pages 2 and 3 of this form. The audit must be accompanied by an opinion prepared by a CPA and must include all of the items listed on pages 2 and 3 of this form.

**Always complete and attach this page to every TPA Financial Statement or Audit you file.**

For the fiscal year

Beginning

Ending

**Statement and fee are due annually by March 1st for all TPAs with a Michigan Certificate of Authority.**

Name of TPA

TPA Tax ID number (FEIN)

Address of TPA principal office (include street address)

Number, street and floor or suite number

TPA Mailing address

Number, street and floor or suite number

☐ Same as principal office address

PO Box

City

State

Zip

City

State

Zip

Contact person name and title (for inquiries regarding this Financial Statement)

Contact person EMail address

Contact person phone (with area code)

**Please review the information you presented in your original TPA application for a certificate of authority in Michigan. Report any significant changes to the Office of Financial and Insurance Service within 30 days of the change.**

## Verification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature

Date signed

Signer's name and title (typed or printed)

PA 218 of 1956 as amended requires submission and verification by Third Party Administrators who have, or are requesting a Michigan Certificate of Authority. Failure to properly complete and file or amend this form may result in denial or revocation of Certificate of Authority or other compliance action.

**If this is an ANNUAL financial statement filing, a filing fee of \$25 is due.**

**Please attach a check for \$25 payable in US Dollars to "State of Michigan"**

*If this is your INITIAL financial statement filing, please DO NOT submit this fee.*

## Certification of Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared

\_\_\_\_\_, personally known to me, or proved to me through government-issued documentary evidence in the form of

\_\_\_\_\_ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Official seal and signature of notary

Please mail your completed filing to:

Office of Financial and Insurance Services  
611 W. Ottawa St.  
PO Box 30220  
Lansing, MI 48909-7720

## Official use only

Invoice number

Date paid

Processor

Validation Code 87-10-70



Michigan Department of Labor & Economic Growth

Visit OFIS online at: [www.michigan.gov/ofis](http://www.michigan.gov/ofis) Phone OFIS toll-free at: 1-877-999-6442

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Financial Statement for Third Party Administrators (TPAs)

You may submit a completed independent audit in lieu of pages 2 and 3. Page 1 must always be filed.  
See detailed instructions on page 1.

For the fiscal year ending

MM / DD / YY				

Name of TPA	TPA Tax ID number (FEIN)

Complete entire statement. Use blank lines to itemize and describe other items. Attach additional sheets if necessary.  
Place TPA name, Tax ID number (FEIN) and fiscal year end in the upper right corner of all attachments.

ASSETS

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT ASSETS	
1. Cash	
2. Accounts receivable	
3. Investment income	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. Total current assets (add lines 1 through 8)	
NON-CURRENT ASSETS	
10. Furniture & fixtures	
11. Equipment & supplies	
12. Goodwill	
13. _____	
14. _____	
15. _____	
16. _____	
17. _____	
18. Total non-current assets	
(add lines 10 through 17)	
19. TOTAL ASSETS (add lines 9 and 18)	

LIABILITIES	
20. Accounts payable	
21. Federal taxes	
22. State & city taxes	
23. Notes payable	
24. _____	
25. _____	
26. _____	
27. _____	
28. Total liabilities (add lines 20 through 27)	
STOCKHOLDERS' EQUITY	
29. Common stock	
30. Preferred stock	
31. Additional paid-in capital	
32. _____	
33. _____	
34. _____	
35. _____	
36. Retained earnings	
37. Total stockholders' equity	
(add lines 29 through 36)	
38. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY (add lines 28 and 37)	

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STATEMENT OF INCOME

INCOME	
39. Client administration fees	
40. Commissions from insurance transactions	
41. -----	
42. -----	
43. -----	
44. -----	
45. Total income (add lines 39 through 44)	
INVESTMENT INCOME	
46. Net investment income	
47. Net realized capital gain/loss	
48. -----	
49. -----	
50. Total investment income	
(add lines 46 through 49)	
51. TOTAL OF ALL INCOME (add lines 45 and 50)	

STATEMENT OF EXPENSES

EXPENSES	
52. Payroll	
53. Rent	
54. Maintenance	
55. Depreciation	
56. Vehicles	
57. Utilities	
58. Legal and auditing	
59. Interest	
60. Bank charges	
61. Freight and postage	
62. Office supplies	
63. -----	
64. -----	
65. -----	
66. -----	
67. -----	
68. -----	
69. -----	
70. -----	
71. -----	
72. Total expenses (add lines 52 through 71)	
73. NET Gain or (Loss) BEFORE income taxes	
74. Income Taxes	
75. NET Gain or (Loss) AFTER income taxes	